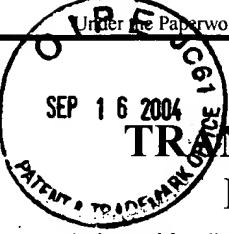


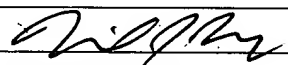
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 <p>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</p>	Application Number	09/896,283	
	Filing Date	June 29, 2001	
	First Named Inventor	Steven C. Selbrede et al.	
	Art Unit	1746	
	Examiner Name	Alexander Markoff	
Total Number of Pages in This Submission	93	Attorney Docket Number	14912.817

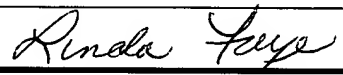
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

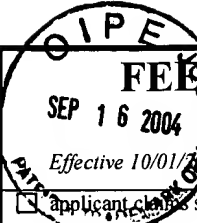
Firm or Individual name	Michael J. Murphy, Reg. No. 37,404, WILSON SONSINI GOODRICH & ROSATI		
Signature			
Date	September 16, 2004		

CERTIFICATE OF TRANSMISSION/MAILING

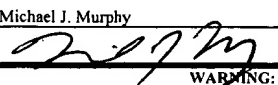
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Typed or printed name	Linda Faye (Express Mail Label No. EV 333493125 US)		
Signature		Date	September 16, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT		Application Number: 09/896,283 Filing Date: June 29, 2001 First Named Inventor: Steven C. Selbrede et al. Examiner Name: Alexander Markoff Art Unit: 1746 Attorney Docket No.: 14912.817	
(\$) 1,646			

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 23-2415 Deposit Account Name: Wilson Sonsini Goodrich & Rosati The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment fee(s) <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES																																																																																																																																																																																	
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Michael J. Murphy	Registration No. (Attorney/Agent)	37,404
Signature		Telephone	650-493-9300
		Date	September 16, 2004

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